SOUTH DAKOTA
COUNSELING

Consent to Treatment

This form is to document that I, _____, give my permission and consent to the above named Program to provide me with chemical dependency treatment.

While I expect benefits from this education and treatment, I fully understand that because of factors beyond our control, such benefits and particular outcomes cannot be guaranteed.

I understand that because of the counseling or therapy, I may experience emotional strains, feel worse during treatment, and make life changes that could be distressing.

I understand that this counselor is not providing an emergency service.

I understand that regular attendance will produce the maximum benefits and that attendance at all sessions is required. Active Participation is required.

I understand that conversations with the counselor will be confidential. However, I further understand that the counselor, by law, must report actual or suspected child or elder abuse to the appropriate authorities. In addition, the counselor has a legal responsibility to protect anyone I may threaten, harmful or dangerous actions (including those to myself) and may break the confidentiality of our communications if such a situation arises. I understand that the counselor will make reasonable efforts to resolve these situations before breaking confidentiality.

Excessive absences of group or individual sessions may be grounds for dismissal from the treatment program.

Compliance with all rules and regulations of the program is necessary. The counselor is available to assist in client recovery, but the final responsibility rests with me.

I understand that my peers and staff are here to assist me. Information relayed by the CD Counselors will be processed as part of my treatment here, with all concerned staff.

I know of no reasons why I should not undertake this chemical dependency treatment and/or education program and I agree to participate fully and voluntarily. I have read this agreement and understand it.

_____ _____
Client Signature Date

_____ _____
Counselor Signature Date